

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

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In Re:

William J Focazio

Case No.: 19-10880 (VFP)

Chapter: 11

Judge: Vincent F. Papalia

AMENDMENT TO SCHEDULE D, E, F, G, H or LIST OF CREDITORS

Please specify the list or schedule(s) to be amended:

- ☒ Schedule D - Creditors Holding Secured Claims ☐ Schedule H - Codebtors
- ☐ Schedule E - Creditors Holding Unsecured Priority Claims ☐ List of Creditors (Matrix)
- ☐ Schedule F - Creditors Holding Unsecured Claims
- ☐ Schedule G - Executory Contracts and Unexpired Leases

IMPORTANT: Pursuant to D.N.J. LBR 1007-1, the mailing list must be updated when an amendment to Schedule D, E, F, G, or H is filed. Accordingly, there is a fee to amend any of the above schedules. There is no fee due if the nature of the amendment is to add or change the address of a previously listed creditor.

The list or schedule(s) indicated above, having been previously filed, is amended as follows:
(List name and address of creditors being added, deleted or modified and indicate same; use separate sheet if necessary)

See attached amended schedule. First Commerce Bank and Fulton Bank of NJ are being amended to reflect that such debts are contingent, unliquidated and/or disputed as of the original filing date of the petition. New Jersey Division of Taxation is also being amended to reflect that such listed debt is disputed as of the original filing date of the petition.

I certify under penalty of perjury that the above information is correct:

Date: September 23, 2020 Debtor's signature: /s/ William J. Focazio

* Schedules D, E, F, G or H and the List of Creditors may be amended simultaneously, thereby incurring only one \$31fee.

rev. 8/1/15

Fill in this information to identify your case:

Debtor 1 **William J Focazio**

First Name

Middle Name

Last Name

Debtor 2

(Spouse if, filing)

First Name

Middle Name

Last Name

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number

(if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?
☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

☒ Yes. Fill in all of the information below.
Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A

Amount of claim
Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Column C

Unsecured portion
If any

2.1

First Commerce Bank

Creditor's Name

105 River Avenue
Lakewood, NJ 08701

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

Endo Surgical Center of North Jersey
100% ownership

As of the date you file, the claim is: Check all that apply.

☒ Contingent

☒ Unliquidated

☒ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☐ Other (including a right to offset)
\$7,586,141.19**\$0.00****\$7,586,141.19**

Who owes the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number

Debtor 1 **William J Focazio** Case number (if known) _____
 First Name Middle Name Last Name

2.2	Fulton Bank of NJ Creditor's Name 533 Fellowship Rd. - Ste. 250 Mount Laurel, NJ 08054 Number, Street, City, State & Zip Code	Describe the property that secures the claim: <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	\$1,651,272.43 _____	\$0.00 _____	\$1,651,272.43 3
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred _____ Last 4 digits of account number _____					

2.3	New Jersey Division of Taxation Creditor's Name Compliance & Enforcement - Bankruptcy 50 Barrack St., 9th Fl. P.O. Box 245 Trenton, NJ 08695 Number, Street, City, State & Zip Code	Describe the property that secures the claim: <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	\$12,000.00 _____	\$0.00 _____	\$12,000.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred _____ Last 4 digits of account number _____					

Debtor 1 **William J Focazio** Case number (if known) _____
 First Name Middle Name Last Name

2.4	New Jersey Division of Taxation Creditor's Name Compliance and Enforcement - Bankruptcy 50 Barrack Street, 9th Floor P.O. Box 245 Trenton, NJ 08695-0267 <small>Number, Street, City, State & Zip Code</small>	Describe the property that secures the claim: <div style="border: 1px solid black; height: 30px; margin: 5px 0;"></div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$234,979.38	\$0.00	\$234,979.38
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Who owes the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☒ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Date debt was incurred _____ Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here:
 If this is the last page of your form, add the dollar value totals from all pages.
 Write that number here:

\$9,484,393.00
\$9,484,393.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.